

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000054471**1. Entity Name  
**PILAR COUNTRYSIDE ENTERPRISES, INC.****Principal Place of Business**

9903 LONE TREE LANE

TAMPA  
33618

FL

**Mailing Address**GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG  
33702

FL

**2. Principal Place of Business**

9903 LONE TREE LANE

**3. Mailing Address**

KRESS BUILDING, SUITE M-8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

475 CENTRAL AVENUE

**City & State**

TAMPA

FL

**City & State**

ST. PETERSBURG

FL

Zip  
33618Country  
USZip  
33701Country  
US**4. FEI Number****59-3582150**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASCARA ERNEST L  
GLADES BUILDING, SUITE 303ST. PETERSBURG  
33702

FL

**7. Name and Address of New Registered Agent****Name**

MASCARA ERNEST L

Street Address (P.O. Box Number is Not Acceptable)

KRESS BUILDING, SUITE M-8

475 CENTRAL AVENUE

**City**

ST. PETERSBURG

FL

Zip Code  
33701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **ERNEST L. MASCARA****04/02/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE PSTV ☐ Delete  
NAME BONGOLAN LORENZO S  
STREET ADDRESS 9903 LONE TREE LANE  
CITY-ST-ZIP TAMPA FL 33618TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PVST ☒ Change ☐ Addition  
NAME BONGOLAN LORENZO S  
STREET ADDRESS 9903 LONE TREE LANE  
CITY-ST-ZIP TAMPA FL 33618TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: LORENZO S. BONGOLAN**

P

**04/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)